

echocardiogram was reported in 163 patients (66.5%), while 82 patients (33.5%) had abnormal echocardiograms. The most commonly isolated anomaly observed was VSD, which was diagnosed in 21 patients (25.6% of those having congenital heart disease [CHD]) followed by ASDII in 18 patients (22%) and PDA in 18 patients (22%). AVSD was diagnosed in one patient (1.2%), and coarctation of the aorta was diagnosed in three patients (3.6%). The most common combined anomaly was secundum ASD with PDA, which was diagnosed in three patients (3.6%).

Conclusion: The prevalence of congenital heart disease in acyanotic children referred with heart murmurs is not uncommon finding. Cardiac evaluation including echocardiographic study worthwhile consideration.

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SHA 086. Risk predictors of coronary heart diseases (CHD) among females in Benghazi – Libya

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Background: Globally, heart disease is the leading cause of death among women. The burdens of the CHD are projected to increase significantly by year 2020. Objectives: To found the risk factors of present in CHD among post-menopausal women patients at Benghazi during 2009–2010.

Methods: A case–control study was conducted to find out the risk factors among patients admitted to governmental hospital. The inclusion and exclusion criteria were clarified. Postmenopausal Female patients aged 50 years or more were interviewed in the wards after they were discharged from the Coronary Care Unit. The sample size was 150 (cases:73–control:77). The controls were selected in the same age from the post-operative ward of department of Gynecology of Al-Jamahiriya governmental hospital and excluded those with cardiac problems.

Results: The study reported that the mean age of cases was 62.6 ± 7.4 years and control was 58.5 ± 8.1 years. The study reported significant Differences in the incidence of CHD among postmenopausal women living in urban and rural areas (OR = 2.87). The study revealed significant relation between CHD in postmenopausal women and diabetes mellitus (OR = 6.67), Hypertension, (OR = 7.41). Sedentary life style (χ^2 for trend = 8.24 and $P = 0.004$).

Conclusion: Unhealthy diet, diabetes mellitus, lack of exercise and obesity are the major risk factors of CHD among Libyan women.

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SHA 087. Vasovagal syncope in Saudi medical students and their first degree relatives

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Introduction: Many studies suggest a genetic basis for vasovagal syncope (VVS), although no definitive gene associations have been described. Pedigree studies have shown that persons with VVS are more likely to have a family history of fainting than

are non – fainters. Accordingly, our objectives were to identify the prevalence of VVS among Saudi medical students and to determine the effect of family history on the likelihood of predicting.

Methods and results: We surveyed medical students at King Saud Medical School and their first-degree relatives for VVS. Ascertainment of VVS syncope was with the Calgary syncope score. Sixty-two medical students and 200 first-degree relatives were studied. The prevalence of VVS was 4.5%, the mean age of the cohort was 22.1 ± 1.5 , and the median age of the first faint in those who fainted was 17 years. More females than male fainted (7.7% vs. 3.2%; $P = 0.01$). Females with two fainting parents were more likely to faint than those with no fainting parents (65.5% vs. 34.5%; $P < 0.0001$). Females with fainting mother were more likely to faint than those with no fainting mother (55.2% vs. 41.4%; $P = 0.001$).

Conclusion: Family history of both parents fainting and the mother fainting are important predictors of Vasovagal Syncope.

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SHA 088. Expanding the role of the cardiac cath lab nurse

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Abstract: Cardiac catheterization laboratory is a specialized cardiac unit utilizing the state-of-the art technology in providing high quality of care that is efficient, effective and affordable. Nurses working in the cardiac cath lab are performing a unique duty requires high level of training and proficiency in the skills and other interpersonal skills as they are working with cardiologists and cardiovascular technologists.

The aim and purpose of this paper is to:

- Explore the basic and advanced entry requirements to be a “Cardiac Cath Lab Expert” including the qualifications/degrees, credentials, competencies and training.
- Discuss the primary and secondary duties of the cardiac cath lab nurse “Scope of Practice”.
- What is beyond the scope of practice?
- The educational structure of the National Guard Health Affairs-Cardiac Cath Lab: review the training courses and residency programs.

The major constraints to implement such programs and courses are:

- The availability of physician’s preferences instead of standards and guidelines.
- Staff Turnover.
- Lack of resources: time and equipments.
- Lack of participants.
- Lack of lack of support.
- Lack of financial compensation.

The key factors to succeed in expanding the role of the nurse in the Cardiac cath lab are:

- Managerial and educational support.
- Availability of resources to enhance the knowledge and skills up to advanced biomedical technology.